

GEORGIA DEPARTMENT OF HUMAN RESOURCES Food Service Establishment Inspection Report

Establishment Name: Honey Baked Hams

Address: 129 Banks Station

City: Fayetteville Time In: 7:08 am Time Out: 7:08 am

Supervision

Inspection Date: 1/21/2010 CFSM: larry elzey

Purpose of Inspection: Routine: ● Follow-Up: O Complaint: O

Preliminary: O Other: O **Risk Type:** 1 O 2 ● 3 O Permit#: 1-8147

'Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

Compliance Status

1 IN OUT NA NO

'Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods

Prior Score Grade 96 Α 5/6/09

Grade

Α

Date

9/28/09

100

CURRENT SCORE

CURRENT GRADE

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Last Score

100

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.) IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat (violation of the same code provision)=2 points per subcategory

COS R

4 points

	•	0			1-2. Person in charge present, demonstrates knowledge, and performs duties	00		
2	IN	оит	NA	NO	Employee Health, Good Hygenic Practices, Preventing Contamination by Hands-Subcategory 1 9 p			
	•	0			2-1A. Proper use of restriction & exclusion	0	0	
	•	0		0	2-1B. Hands clean and properly washed	0	0	
	•	0	0	0	2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0	
					1 1 1 1	4 po	ints	
	•	0			2-2A. Management awareness; policy present; reporting	0	0	
	•	0		0	2-2B. Proper eating, tasting, drinking, or tobacco use	0	0	
	•	0		0	2-2C. No discharge from eyes, nose, and mouth	0	0	
	•	0			2-2D. Adequate handwashing facilities supplied & accessable	0	0	
З	IN	OUT	NA	NO	Approved Source	9 points		
	•	0			3-1A. Food obtained from approved source; parasite destruction	0	0	
	0	0	0	•	3-1B. Food received at proper temperature	0	0	
	•	0			3-1C. Food in good condition, safe, and unadulterated	0	0	
4	IN	OUT	NA	NO	Protection from Contamination-Subcategory 1	9 points		
	•	0	0		4-1A. Food separated and protected	0	0	
	•	0			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0	0	
					Protection from Contamination-Subcategory 2	4 po	ints	
	•	0	0		4-2A. Food stored covered	0	0	
							\sim	
GOOD I							\cup	ᆫ
	•	0	0					
	Co	O	J	e Si	GOOD (Mark the numbered item OUT, if not in compliance. For items marked OUT,	mark	COS o	
:	Co	О mpl ouт	J	e S	GOOD	mark COS	COS o	
:		_	ianc		GOOD (Mark the numbered item OUT, if not in compliance. For items marked OUT, tatus	mark	COS o	
;		OUT	iano	. Pas	(Mark the numbered item OUT, if not in compliance. For items marked OUT, tatus Safe Food and Water, Food Identification	mark COS	R ints	

	C	omp	lian	ce S	Status	cos	R	
5	IN	оит	NA	NO	Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1			
	С	0	•	0	5-1A. Proper cooking time and temperatures		0	
	С	0	0	•	5-1B. Proper reheating procedures for hot holding	0	0	
					Consumer Advisory-Subcategory 2			
	С	0	•		5-2. Consumer advisory provided for raw and undercooked foods	0	0	
•	IN	оит	NA	NO	Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1	9 po	ints	
	•	0	0		6-1A. Proper cold holding temperatures	0	0	
	O	0	0	•	6-1B. Proper hot holding temperatures	0	0	
	С	0	•	0	6-1C. Proper cooling time and temperature	0	0	
	С	0	•	0	6-1D. Time as a public health control: procedures and records	0	0	
					Date Marking-Subcategory 2	4 po	ints	
	•	0	0	0	6-2. Proper date marking and disposition	0	0	
7	' IN	OUT	NA	NO	Highly Susceptable Populations	9 po	ints	
	O	0	•		7-1. Pasteurized foods used; profibited foods not offered	0	0	
8	IN	оит	NA	NO	Chemicals		ints	
	O	0	•		8-2A. Food additives: approved and properly used	0	0	
	•	0			8-2B. Toxic substances properly identified, stored, used	0	0	
9	IN	оит	NA	NO	Conformance with Approved Procedures	4 po	ints	
	С	0	•		9-2. Compliance with variance, specialized process and HACCP plan	0	0	

PRACTICES

for each item as applicable. R=Repeat (violation of the same code provision) = 1 point per

Co	mpl	iance Status	cos	R			
10	OUT	Safe Food and Water, Food Identification 3					
	0	10A. Pasteurized eggs used where required	0	0			
	0	10B. Water and ice from approved source	0	0			
	0	10C. Variance obtained for specialized processing methods	0	0			
	0	10D. Food properly labeled; original container; required records available; shellstock tags	0	0			
11	OUT	Food Temperature Control	3 points				
	0	11A. Proper cooling methods used; adequate equipment for temperature control $$	0	0			
	0	11B. Plant food properly cooked for hot holding	0	0			
	0	11C. Approved thawing methods used	0	0			
	0	11D. Thermometers provided and accurate	0	0			
12	OUT	Prevention of Food Contamination	3 pc	ints			
	0	12A. Contamination prevented during food preparation, storage, display	0	0			
	0	12B. Personal cleanliness	0	0			
	0	12C. Wiping cloths: properly used and stored	0	0			
	0	12D. Washing fruits and vegetables	0	0			
13	OUT	Postings and Compliance with Clean Air Act					
	0	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0	0			
	0	13B. Compliance with Georgia Smoke Free Air Act	0	0			

Co	mpl	iance Status	COS	R		
14	OUT	Proper Use of Utensils				
	0	14A. In-use utensils: Properly stored				
	0	14B. Utensils, equipment and linens: properly stored, dried, handled				
	0	14C. Single-use/single-service articles: properly stored, used	0	0		
	0	14D. Gloves used properly	0	0		
15	OUT	Utensils, Equipment and Vending	1 pc	oint		
	0	$15 A. \ \ Food \ \& \ nonfood\text{-}contact \ surfaces \ cleanable, properly \ designed, \ constructed, \ used$	0	0		
	0	15B. Warewashing facilities: installed, maintained, used; test strips	0	0		
	0	15C. Nonfood-contact surfaces clean.	0	0		
16	OUT	Water, Plumbing and Waste		ints		
	0	16A. Hot and cold water available; adequate pressure	0	0		
	0	16B. Plumbing installed; proper backflow devices	0	0		
	0	16C. Sewage and waste water properly disposed	0	0		
17	OUT	Physical Facilities	1 pc	oint		
	0	17A. Toilet facilities: properly constructed, supplied, cleaned	0	0		
	0	17B. Garbage/refuse properly disposed; facilities maintained	0	0		
	0	17C. Physical facilities installed, maintained, and clean	0	0		
	0	17D. Adequate ventilation and lighting; designated areas used	0	0		
18	OUT	Pest and Animal Control 3				
1	0	18. Insects, rodents, and animals not present	0	0		

Person in Charge (Signature):	(Print)			Date: 1/21/2010 7:08:00 AM
Inspector (Signature):		Follow-up: Yes O No●	Follow-up	Date:

Food Service Establishment Inspection Report Addendum

Page 2 of 3

Violations Regulatio	s cited in this report must be ns Food Service Chapter 290	corrected within	n the time frames specified below, or a subsection (2)(i) and (j)			ment of Human R	Resources Rules and
Establishr Honey Bake	nent			Per 1-81	mit 147	Date Inspect	ionDate2
Address 129 Banks Station					City/State		Zip Code
129 Banks	Station		TEMPERATURE OBSERV	/AT	Fayetteville, GA 30214		30214
	Item/Location	Temp	Item/Location	VAI.	Temp	Item/Location	on Temp
chicken sal		36	smoked turket breast - whole-walkin coo	ler	36		
potato sala		38	honey bake ham-whole-walkin cooler		35		
pasta salad		39	mayo-walkin cooler		35		
turket brea		39	·				
ham-cooler		36					
cheese-coo	ller	36					
walkin free	zer	30					
potato sala	d-walkin cooler	35					
Item Number			OBSERVATIONS AND COR	RREC	CTIVE ACTIONS		
<u> </u>	Channe (C)						
	rerson in Charge (Signature) Date 1/21/2010 7:08:00 AM Date 1/21/2010 7:08:00 AM						

Food Service Establishment Inspection Report Addendum

Page 3 of 3

Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j).							
Establishr Honey Bake	ment	Permit 1-8147	Date InspectionDate3				
Address 129 Banks	Station	City/State Fayetteville, GA 30214	Zip Code 30214				
Item Number	OBSERVATIONS AND CO	RRECTIVE ACTIONS					
Person in	Person in Charge (Signature) Date						
	Inspector (Signature) Date 1/21/2010 7:08:00 AM						